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APPLICANTS

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**** CONTINUING DATA *******
 None *CLD*

**** FOREIGN APPLICATIONS *******
 None *CLD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 01/20/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>10/28/05</i> Examiner's Signature Initials	STATE OR COUNTRY UT	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Endodontic instrument

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